



Atty. Dkt. No. 053466-0401 *JKW*

Applicant: Yong KWEE, et al.

Title: HM1.24-UTILIZING CANCER
VACCINES

Appl. No.: 10/533,104

Filing Date: April 28, 2005

Examiner: Hong SANG

Art Unit: 1643

Confirmation 5920

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee required for additional claims is calculated below:

	Claims		Previously		Extra		Additional
	As	Amended	Paid For		Claims	Rate	
Total Claims:	5	-	22	=	0	x \$50.00	\$0.00
Independent Claims:	1	-	4	=	0	x \$210.00	\$0.00
First presentation of any Multiple Dependent Claims:				+	\$370.00	=	\$0.00
CLAIMS FEE TOTAL							\$0.00

11/30/2007 CNGUYEN2 00000077 10533104

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1050.00 0P

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

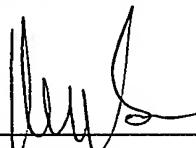
<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$460.00	\$0.00
[X]	Extension for response filed within the third month:	\$1,050.00	\$1,050.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,640.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,230.00	\$0.00
	EXTENSION FEE TOTAL:		\$1,050.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,050.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:		\$0.00
	TOTAL FEE:		\$1,050.00

A credit card payment form in the amount of \$1,050.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By  *Very 55,600*

Stephen B. Maebius
Attorney for Applicant
Registration No. 35,264

Date November 29, 2007

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